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REPORT OF THE ECONOMIC AND
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ECONOMIC AND SOCIAL COUNCIL
Second regular session
of 1991
COORDINATION QUESTIONS:
PREVENTION AND CONTROL OF
ACQUIRED IMMUNODEFICIENCY
SYNDROME (AIDS)

Global strategy for the prevention and control of acquired immunodeficiency syndrome (AIDS)

Note by the Secretary-General

The Secretary-General has the honour to transmit to the members of the General Assembly and the Economic and Social Council the report of the Director-General of the World Health Organization (WHO) on developments in the global AIDS pandemic. The report was prepared in response to General Assembly resolution 45/187 and Economic and Social Council resolution 1990/86.

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* A/46/50.

ANNEX

Global strategy for the prevention and control of AIDS

Report of the Director-General of WHO

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I. GLOBAL AIDS SITUATION

A. World-wide distribution of HIV/AIDS

1. World-wide surveillance of AIDS and human immunodeficiency virus (HIV) infection is coordinated by the WHO Global Programme on AIDS (GPA). Reports of AIDS cases and results of seroepidemiological studies of HIV infection are received from countries and WHO collaborating centres for AIDS.

2. The cumulative number of reported AIDS cases world wide as at 1 April 1991 was 345,533 in 162 countries. Over 95 per cent of the reported cases have been in young and middle-aged adults. However, WHO estimates that the actual cumulative number of cases in adults world wide by early 1991 was over 1 million. Reasons for the discrepancy include under-reporting and under-recognition of cases as well as delays in reporting to WHO.

3. WHO estimates that by 1991 approximately 700,000 infants had been born HIV-infected, and that an estimated 400,000 had already developed AIDS. If AIDS among infants and children is included, the current estimate of the total number of cases world wide must be increased to over 1.4 million. Over 90 per cent of cases among infants and children are thought to have occurred in sub-Saharan Africa.

4. There are two known human immunodeficiency viruses, HIV-1 and HIV-2. World wide, the predominant virus is HIV-1. To date, the majority of HIV-2 infections have been reported from countries in West Africa. Although HIV-2 appears to be less transmissible and pathogenic than HIV-1, the two viruses are thought to share the same modes of transmission, and AIDS resulting from HIV-1 or from HIV-2 appears to be indistinguishable.

5. Epidemiological studies world wide continue to document only three modes of HIV transmission: unprotected sexual intercourse (heterosexual or homosexual); exposure to infected blood, blood products, or donated organs or semen (principally involving transfusion of unscreened blood or use of inadequately sterilized needles, syringes, or other skin-piercing instruments); and transmission from an infected mother to her fetus or infant (perinatal transmission).

6. In Africa, as at 1 April 1991, more than 1,000 cases had been reported by Burundi, the Congo, Côte d'Ivoire, Ghana, Kenya, Malawi, Rwanda, Uganda, the United Republic of Tanzania, Zaire, Zambia, and Zimbabwe, and 500 to 1,000 cases by Burkina Faso, the Central African Republic and Ethiopia. Although cases were first officially reported from Africa in 1982, about 90 per cent of the total number of cases were reported after the beginning of 1987. WHO estimates that, since the beginning of the pandemic, a total of over 300,000 cases have occurred in adults in Africa, primarily sub-Saharan Africa.

7. In the Americas, as at 1 April 1991, the United States of America had reported 167,803 cases, or over 80 per cent of all cases in the region. Brazil, Canada, Colombia, the Dominican Republic, Haiti, Honduras, Mexico and

Venezuela had each reported more than 1,000 cases. Countries reporting 250 to 1,000 cases included Argentina (710), the Bahamas (599), Chile (255), El Salvador (323), Peru (356) and Trinidad and Tobago (736), while those reporting 100 to 249 cases included Barbados (172), Bermuda (147), Costa Rica (232), Ecuador (127), Guatemala (142), Guyana (108), Jamaica (183), Panama (220) and Uruguay (164); 100 to 249 cases were also reported by French Guyana (232), Guadeloupe (195) and Martinique (142).

8. In Europe, the greatest numbers of cases were reported from France (13,145), Italy (8,227), Spain (7,489), Germany (6,022), and the United Kingdom of Great Britain and Northern Ireland (4,228). The lowest numbers were reported from the Eastern European countries with the exception of Romania reporting 1,226 cases and Albania reporting no cases.

9. In Asia and the Pacific, 53 countries reported the remaining 1 per cent of the world cumulative total, namely 3,797 cases as at 1 April 1991. In Oceania, 2,457 cases were reported from Australia and 229 from New Zealand. Countries in Asia reported 1,032 cases with the following reporting 20 or more cases: Japan (374), Thailand (80), India (60), the Philippines (42), Papua New Guinea (29) and Singapore (22). French Polynesia reported 22 cases and Hong Kong 42 cases.

10. The predominant modes of HIV transmission at present in North America, Western Europe and Australasia are the sharing of inadequately sterilized injection equipment among intravenous drug users, and unprotected sexual intercourse among homosexual men. However, heterosexual transmission in these regions is increasing, especially in urban areas among groups with a high incidence of other sexually transmitted diseases (STD).

11. The predominant modes of HIV transmission in sub-Saharan Africa continue to be unprotected sexual intercourse among heterosexuals and, in consequence, perinatal transmission. The prevalence of HIV infection is increasing in rural areas and in western Africa.

12. Initially, the predominant mode of transmission in Latin America was unprotected sexual intercourse among homosexual men. Since the middle to late 1980s, however, heterosexual transmission has been increasing rapidly, with a concomitant increase in perinatal transmission.

13. In other parts of the world the predominant modes of transmission have yet to emerge because of the relatively recent introduction of HIV. However, the situation is evolving rapidly in south and south-east Asia, where HIV infection rates are increasing in a number of countries, particularly in groups practising high-risk behaviour, but also in the population as a whole.

B. Trends and projections in HIV/AIDS

14. Because of a continued expansion of HIV infection in sub-Saharan Africa, as well as in south and south-east Asia, WHO has revised upwards its 1990 global estimate of the number of adults infected with HIV from 6-8 million to 9-10 million.

15. During the 1990s the number of adults with AIDS will increase rapidly, especially in developing countries. Over 3 million AIDS cases are projected to occur in adults already infected with HIV and at least another 1-2 million among adults who will become HIV-infected during the 1990s. By the year 2000, WHO currently estimates that some 30 million adults will have been infected with HIV.

16. By the year 2000, WHO has projected that a cumulative total of 10 million infants will have been born infected, and that an additional 10 million uninfected children will be orphans because of the loss of one or both parents to AIDS.

II. EVOLUTION OF THE GLOBAL AIDS STRATEGY AND HIGHLIGHTS OF 1990 ACTIVITIES OF THE WHO GLOBAL PROGRAMME ON AIDS

A. Priorities in the early 1990s

17. The global AIDS strategy has three objectives: to prevent HIV infection; to reduce the personal and social impact of HIV/AIDS; and to unify national and international efforts against AIDS. WHO is responsible for providing global leadership and coordinating activities for the prevention and control of AIDS. In the light of the current trends of the AIDS pandemic, WHO has redefined priorities for the activities of the Global Programme on AIDS in the coming years.

18. The first and foremost priority is to strengthen existing national AIDS control programmes. Accordingly, a process is being developed which each national programme will use to redefine its strategies and interventions, plan relevant activities, set targets, and monitor its achievements, using a series of indicators. The interventions to prevent HIV infection will vary from country to country with emphasis in some on interrupting blood-borne transmission and in others on decreasing transmission through self-injecting drug use. In all countries, however, priority will be given to interventions to interrupt sexual transmission. National programmes will also need to identify practical ways to provide care and support, including counselling, for HIV-infected persons and AIDS patients, both in health-care facilities and in the community. Thus, strengthening national programmes will also require greater involvement of community-based organizations and other non-governmental organizations, many of which have been so essential in providing a health and social response from the beginning of the pandemic.

19. Secondly, a wide multisectoral response to AIDS prevention and control will be pursued further because it is clear that the AIDS pandemic is not just a health and social issue, but also a development one. At country level this will involve closer interministerial collaboration in the fields of health, education, social rehabilitation, agriculture, industry, information and defence. It will also be essential for the many multilateral and bilateral agencies supporting health and development activities in developing countries to collaborate closely to provide support in their special area of expertise to activities in many sectors other than health. It will also need further strengthening of the WHO/UNDP Alliance to combat AIDS and increasing involvement of other intergovernmental agencies, such as the United Nations Children's Fund (UNICEF), the United Nations Population Fund (UNFPA), the World Bank and the Commission for the European Communities, among others.

20. The third priority is to undertake more intervention-related studies to identify strategies which are the most effective in changing behaviour and interrupting HIV transmission. This will include continuing the large-scale social and behavioural studies that have been implemented with WHO support in more than 50 countries over the past three years. These studies were undertaken to learn more about sexual knowledge, attitudes, beliefs and practices and to apply these findings for intervention design, national programming and evaluation.

21. The fourth priority is to accelerate and focus activities in biomedical and epidemiological research and development, especially with regard to new vaccines and new drugs. Support and resources will be provided for the establishment of sites in developing countries where vaccine and clinical trials can take place, for ensuring that such trials are undertaken with the highest technical and ethical standards, and for collaboration with the pharmaceutical industry to ensure that safe and effective products are available and affordable in those countries.

22. The fifth priority is to continue to reinforce efforts to counter discrimination against HIV-infected persons, including those with AIDS. Discriminatory measures still occur in many forms throughout the world and are counter-productive in preventing the spread of the pandemic.

23. The last and sixth priority is to continue to fight complacency about HIV infection and AIDS and denial of the problem by individuals, communities, Governments and by regional and international institutions of all kinds.

24. In order to maximize its effectiveness in addressing these priorities, in September 1990 a new organizational structure for GPA at WHO headquarters was adopted, which derived from the anticipated roles and functions of the Programme. The rationale for the new structure included the following operational considerations:

Strengthening the capacity of GPA to support national AIDS programme planning, implementatio , monitoring and evaluation;

Promoting intervention-linked research with results directly relevant to national programmes;

Expanding the capacity to support research in vaccine and drug development in developing countries;

Ensuring good management and common policies throughout GPA.

B. Highlights of 1990 activities

Advisory bodies

25. At its 3rd meeting in Geneva in March 1990 the Global Commission on AIDS adopted recommendations on a wide variety of topics, including drug use and HIV transmission, blood safety, vaccines, and restrictions on international travel, and requested a report for its next meeting on the alternative strategies being adopted or recommended on the prevention and treatment of drug use as a problem of society and public health. The Commission also identified 10 issues warranting priority attention in the early 1990s and defined the context in which they should be viewed. These issues include research, complacency, women and AIDS, and economic and social implications of HIV/AIDS.

26. At its 4th meeting in Geneva in April 1990 the Management Committee of GPA recommended approval of a revised programme budget for 1990, which had been prepared taking into account the Programme's priorities and estimates of extrabudgetary contributions likely to become available in 1990. The revised budget amounted to $US 90,751,590 which, although representing a 17 per cent decrease in the original proposal for 1990, provided for an increase of 21 per cent over the obligations incurred in 1989. At its 5th meeting in November 1990 the Committee reviewed the proposed programme budget for 1991 amounting to $US 100.9 million, an increase of 11 per cent over 1990, and set indicative planning figures for the biennium 1992-1993 at the same level as 1990-1991, i.e., $US 190 million. As at 31 December 1990, 20 Governments and agencies had provided almost $US 220 million of undesignated contributions to the Programme.

Women, children and AIDS

27. Since heterosexual transmission of HIV is becoming the predominant mode of transmission in most countries of the world, HIV infections among women of child-bearing age are rising steeply. This means a corresponding increase in the number of infants acquiring HIV infection from their mother before, during or shortly after birth.

28. Resolution WHA43.10, adopted by the World Health Assembly in May 1990, called on WHO and its member States to strengthen AIDS prevention and control in respect of women and children. The activities of WHO to this end are

accordingly aimed at preventing HIV transmission to and from women (including perinatal transmission); lessening the impact of the pandemic on women as educators, counsellors and care givers; and ensuring the full participation of women in control programmes.

29. WHO's action to reduce sexual transmission of HIV acknowledges women's current subordinate status in the family and in society and hence their vulnerability to infection with HIV. WHO is attempting to tailor health care and other services to women's particular needs in order to interrupt transmission. For example, WHO is working with UNFPA to incorporate information on HIV/AIDS into the training of maternal and child health/family planning (MCH/FP) workers. WHO is also supporting the development and testing of forms of prevention for use by women (e.g., a female condom and virucides for vaginal use); the evaluation of new diagnostic tests for women with sexually transmitted diseases, 50 per cent of whom are asymptomatic; and a study of the special counselling needs of women. A meeting convened by WHO in Geneva in November 1990 identified research priorities relating to women and HIV/AIDS.

30. WHO is also pursuing efforts to minimize the pandemic's impact on women as care-givers. A manual on the home care of persons with HIV/AIDS is being produced for use in developing countries. To help lessen the burden on individual women, WHO is working with UNICEF to develop a strategy for care of children born to parents with HIV/AIDS (see para. 70).

31. Both in its own activities and in its collaboration with other bodies and groups, WHO remains committed to the principle of the full participation of women in combating the AIDS pandemic. Collaboration has been particularly active with organizations working for women and their advancement, which helps not only to strengthen the community's response to AIDS but also to improve women's social status. The Programme has cooperated with the Division for the Advancement of Women of the United Nations Centre for Social Development and Humanitarian Affairs, Vienna, in the drafting of a report on the effects of AIDS on the advancement of women, prepared for the thirty-third session of the United Nations Commission on the Status of Women, in Vienna in March 1989, which led to the inclusion of this subject as a priority theme for 1993-1997 by the Commission at its thirty-fourth session in March 1990. The Programme has also cooperated with the Division in supporting the convening in Vienna in September 1990 of an expert meeting on the role of national women's organizations in AIDS prevention and control. As a follow-up to that activity, subregional meetings on women and HIV/AIDS are being planned jointly by WHO and the United Nations Office at Vienna in the Caribbean, east Africa and south-east Asia.

32. Within the United Nations system, WHO has been collaborating with the Committee on the Elimination of Discrimination against Women, which in January 1990 adopted a recommendation on women and AIDS that requested all countries to ensure the active participation of women in primary health care and take measures to enhance their role as care-providers, health workers and educators. WHO also participated in the joint meeting of the three United

Nations/Non-governmental Organization Committees on the Status of Women, held in Vienna in February 1990, in connection with the thirty-fourth session of the Commission on the Status of Women. This meeting, at which 64 non-governmental organizations were represented, recommended strengthening AIDS prevention programmes for women and girls world wide.

33. Special impetus to activities related to women and HIV/AIDS was given by the Director-General's decision to devote World AIDS Day 1990 to the theme of women and AIDS (see paras. 42-43).

Avoidance of discrimination in relation to HIV-infected people and people with AIDS

34. During 1990 further attention was paid at the regional level to the implementation of resolution WHA41.24 adopted in May 1988. Four regional consultations on ethical, legal and human rights aspects of HIV/AIDS were organized, the first in Brazzaville in March 1990, the second in the Republic of Korea in July 1990, the third in Chile in October 1990 and the last in New Delhi in October 1990. Specific issues for each region were discussed and agreement was reached on regional priorities and on follow-up activities. In addition, in May 1990 the Director-General sent a note verbale to all States members of WHO suggesting that they review their national HIV/AIDS-related policies and laws, with a view to repealing those that may give rise to discrimination against HIV-infected people and people with AIDS.

35. Within the United Nations system, collaboration with the Committee on Human Rights continued during 1990 in the elaboration of its general comment on non-discrimination, which is of immediate relevance for HIV/AIDS. WHO has also been working with the Committee on Economic, Social and Cultural Rights, which is examining States' reports on, inter alia, the right to health and problems experienced in promoting avoidance of discrimination in AIDS prevention and control.

36. Continuing its collaboration with the United Nations Centre for Human Rights, WHO provided expert assistance and support to the United Nations Special Rapporteur on Discrimination against HIV-infected People and People with AIDS. The preliminary report (E/CN.4/Sub.2/1990/9) was submitted to the Sub-Commission on Prevention of Discrimination and the Protection of Minorities at its forty-second session in August 1990, and endorsed by that body's decision 62 of 30 August 1990. The final report is due in August 1991.

37. Collaboration with national coordinating bodies on AIDS prevention and control has increasingly included expert assistance in addressing the numerous ethical and discrimination problems that emerge in the design and implementation of national programmes. Support provided to countries has included information on relevant international principles and policies, as well as on innovative and effective solutions that some countries have developed as possible models.

38. The study initiated by the Interagency Advisory Group (IAAG) concerning the impact of AIDS on the personnel, social welfare and operational policies of the United Nations system, with reference to such questions as information, counselling, terms of appointment, health insurance and HIV screening, was completed during the year and the report together with the IAAG's recommendations were accepted by the Administrative Committee on Coordination (ACC) on 15 April 1991 (see para. 64).

Collaboration with non-governmental organizations

39. During 1990 WHO continued to promote the involvement of non-governmental organizations in the global AIDS strategy in accordance with resolution WHA42.34 adopted in May 1989. WHO recognizes the unique role that these organizations can and do play in promoting behaviour change and in providing care and support, especially at the community level. The resolution raises the profile of the organizations among governments and intergovernmental bodies, and demonstrates to them that WHO regards them as important contributors in the fight against AIDS.

40. WHO provided support to non-governmental organization networks at the international level through funding for several international conferences in 1990: a conference of indigenous southern African non-governmental organizations working on AIDS, held in Zimbabwe in May; the Fourth International Conference of Persons with HIV/AIDS, held in Spain in May; and the Second International Conference of AIDS-Related Non-governmental Organizations, held in France in November. In addition, an updated version of the inventory of non-governmental organizations working on AIDS in countries receiving development cooperation assistance was completed in November 1990. It contains over 400 entries and is an important tool in the building of non-governmental organization networks and the provision of information to governmental and intergovernmental agencies.

41. Another support mechanism at the global level is the Partnership Programme, an experimental seed-funding mechanism for innovative, replicable AIDS projects at the community level. Over $US 1 million were allocated to 28 such projects in 1990, building collaborative relationships among WHO, non-governmental organizations, and national AIDS programmes.

World AIDS Day

42. For the third consecutive year WHO coordinated the world-wide observance of World AIDS Day, which has become an annual event in most countries. World AIDS Day activities help to achieve several objectives of the global AIDS strategy: encouraging national AIDS programmes to give greater consideration to the special needs and status of women and to the involvement of women in programme implementation; prompting non-governmental and women's organizations and grass-roots groups to add women and AIDS issues to their agenda; and highlighting the importance of protecting the human rights and dignity of all people with HIV/AIDS, their families and those who care for them.

43. WHO headquarters and regional offices distributed considerable numbers of World AIDS Day brochures and newsletters, including information to assist Governments, national AIDS committees, community-based groups, United Nations agencies, non-governmental and women's organizations and others in planning the event. A video newsreel on women and AIDS around the world was produced, and press features and press kits on this topic were issued. Arrangements for the celebration at WHO headquarters included a 24-hour global radio service for radio journalists. The majority of United Nations agencies also marked the observance of World AIDS Day.

Cooperation with national programmes

44. By the end of 1990, 130 of the 169 countries collaborating with WHO had developed short-term plans and 113 had formulated medium-term plans for their national AIDS programmes (see table 1).

Table 1. Status of collaboration with national AIDS programmes by activity, 1 January 1991 (cumulative numbers)

	1988	1989 (January)	1990	1991
Initial technical visits	111	152	159	169
Short-term plans	75	118	123	130
Medium-term plans	26	51	95	113
Resource mobilization meetings	5	29	65	87
Programme reviews	-	1	10	34

45. Technical support has been provided by WHO in designing, implementing and monitoring short-term and medium-term plans. Substantial support has also been provided in areas of particular importance for the development and implementation of national AIDS programmes, including health promotion, epidemiological surveillance, clinical management of HIV infection and AIDS, counselling, and laboratory and blood-transfusion services. Operational support has included personnel training, equipment and supplies, as well as financial resources.

46. WHO has continued together with UNDP to play a key role in mobilizing resources for national AIDS programmes. Pending the receipt of contributions from bilateral donors, WHO has ensured support of essential activities and rapid availability of financing, thus maintaining continuity in the implementation of the programmes. Special emphasis has been given to strengthening in-country coordinating mechanisms, thus avoiding duplication and overlap. As at 1 January 1991, 87 resource mobilization or sensitization meetings had been held since 1987 (see table 1).

47. The first national AIDS programme review took place in Uganda in December 1988. As at 1 January 1991, 34 countries had carried out such reviews, including 21 in Africa, 12 in the Americas, most of them in the Caribbean, and one in South-East Asia (see table 1). The outcome and the processes of the first 14 of these reviews have been systematically assessed.

48. The need for strengthening the management of national AIDS programmes has been noted in many programme reviews. In particular, programme strategies should respond adequately to the epidemiological and behavioural realities, and to the capabilities of the governmental sector and non-governmental organizations to implement them. In response to this need and based on the experience of national programmes to date, WHO is now developing a training course for programme managers. It will serve to refine and improve WHO's recommendations on the overall development of the programmes and will include sections on policy-setting, strategy and intervention definition and prioritization, target-setting, planning, monitoring and evaluation.

49. Guidelines for the procurement of condoms and appropriate test procedures for international quality assurance laboratories, and guidelines for managing condom supplies at the national level, including a logistics management training curriculum, have been developed to strengthen the provision of high-quality, low-cost condoms for the prevention of sexually transmitted HIV. Generic condom-user instructions and a methodology for adapting them to the cultural conditions in a given country setting are being made available to national AIDS programmes. In 1990 WHO delivered approximately 90 million quality-tested condoms to about 50 country programmes.

50. A key element of the global AIDS strategy is the improvement of blood-transfusion services in developing countries in order to prevent HIV transmission through blood and blood products. These activities are carried out in close collaboration with the Global Blood Safety Initiative (GBSI), which is implemented jointly by WHO and the League of Red Cross and Red Crescent Societies. Close cooperation also exists with the International Society of Blood Transfusion, the World Federation of Hemophilia and other non-governmental organizations active in blood safety. GBSI activities in 1990 have focused on development of guidelines, training, operational research and the review and formulation of blood-transfusion components in short-term and medium-term plans for national AIDS programmes. Research activities included studies on viral inactivation of blood products and pooling of anti-sera for screening. Two international training courses on all aspects of blood-transfusion services were organized in Zimbabwe in May and July 1990.

51. In collaboration with the WHO Division of Family Health and with financial support from UNFPA, two sets of guidelines for MCH/FP programme managers have been produced and widely distributed to enhance participation of MCH/FP workers in national AIDS programme activities. These deal with "AIDS and family planning", and "AIDS and maternal and child health". The development of a prototype information booklet for MCH/FP service-providers is nearing completion.

52. The periodicals AIDS Health Promotion Exchange, and AIDS Technical Bulletin as well as "WHO Report" (an insert in AIDS Action) were distributed world wide to health educators, public health professionals, and communication specialists working in national AIDS programmes. A monograph entitled "AIDS prevention through health promotion: facing sensitive issues" is being published.

53. In 1990, WHO began to direct particular attention to the development of interventions as part of its efforts to strengthen national AIDS programmes. Studies will determine the most effective approaches for designing and implementing interventions for the prevention of HIV transmission and for the care of persons with HIV infection and AIDS.

54. Recognizing that the control of sexually transmitted diseases is an important factor for the control of HIV transmission, several meetings were organized to consider various aspects of research and interventions on the association between these diseases and AIDS. A provisional guide to be used by national programmes for the design and implementation of interventions to prevent sexually transmitted diseases, including HIV infection, among sex workers has been prepared and is now undergoing field-testing.

55. The effectiveness of interventions to promote safer sexual practices among homosexual and bisexual men in developed countries is being assessed to determine their applicability to developing countries. Emphasis is placed on those developing countries where HIV seroprevalence is still comparatively low and where bisexuality is expected to play an important role in the HIV pandemic. Provisional guidelines for the development of HIV/AIDS prevention interventions among men who have sex with men are being developed for use by planners in national AIDS programmes and other agencies.

56. A training workshop organized in collaboration with the United Nations University brought together social scientists from the African Region for intensive training on rapid assessment techniques for AIDS-related problems. Results of the first completed studies on knowledge, attitudes, beliefs and practices/partner relations (KABP/PR) being undertaken in more than 50 countries were systematically reviewed to identify the questions and findings most relevant to intervention design. Analysis of the results of all these studies is being pursued as a high-priority activity.

57. A guide on the planning and design of interventions among youth is currently being developed on the basis of a review of lessons drawn from initial country experiences. It will be tested by AIDS programmes in

countries and by youth organizations. A draft practical guide for evaluation of AIDS education in schools was prepared and will be field-tested in 1991.

Research

58. Research activities of the Global Programme on AIDS are being undertaken or planned in the following five areas: clinical research and drug development; vaccine development; diagnostics for HIV and associated infections; epidemiological research; and surveillance, forecasting and impact assessment. Steering committees are being set up to advise the Programme on priorities and support of projects.

59. With support from WHO, the Council for International Organizations of Medical Sciences is preparing a revision of its Proposed international guidelines for biomedical research involving human subjects (Geneva, 1982), to ensure that the guidelines are applicable to issues such as HIV/AIDS clinical research, drug trials, vaccine trials and epidemiological research.

60. Criteria for the identification, assessment and strengthening of potential field sites for the evaluation of HIV candidate vaccines were developed and sites which meet the selection criteria will be identified in 1991 and procedures will begin for their establishment, including initial epidemiological investigations and infrastructure development. A number of candidate vaccines are now undergoing safety and immunogenicity testing and may be ready for field evaluation during the next few years.

61. New diagnostic tests for HIV, HIV-associated infections and immunological/prognostic markers are being monitored and their applicability in developing countries is being evaluated.

62. Over 100 trainers and consultants have been trained to carry out HIV surveillance and provide technical support in the implementation of HIV sentinel surveillance to countries and WHO regional offices. Since early 1989 cooperation has been provided to over 90 developing countries in the elaboration of protocols and plans of action for implementing HIV sentinel surveillance in a manner consistent with the WHO guidelines.

63. To support countries in using HIV/AIDS surveillance data for monitoring and targeting prevention and control activities, computer software has been developed for data storage and analysis (Epi Info) in collaboration with the Centres for Disease Control. Training in the use of Epi Info for management of HIV/AIDS surveillance data has been completed in 11 countries world wide, and additional support is planned.

III. COLLABORATION WITHIN THE UNITED NATIONS SYSTEM

A. Activities carried out jointly by WHO and an organization or specialized agency of the United Nations system

64. Coordination is facilitated through the United Nations Steering Committee, chaired by the Under-Secretary-General for International Economic and Social Affairs, through the Standing Committee of United Nations AIDS Focal Points convened by UNDP, and through the Inter-agency Advisory Group (IAAG) established by WHO with the support of ACC to coordinate the AIDS activities of the entire United Nations system. At its annual meeting in November 1990, IAAG reviewed the results of its study on the impact of AIDS on the personnel, social welfare and operational policies of the United Nations system (see para. 38) and agreed on a number of important recommendations which were accepted by ACC on 15 April 1991.

65. The activities carried out and the progress achieved so far in the implementation of the global AIDS strategy have been made possible through the efforts of WHO and its many partners. These partners exist at all levels: global and international, regional and subregional, and above all country and community. The partners are intergovernmental organizations, including other agencies of the United Nations system, governments and non-governmental organizations, including community-based organizations. In addition, the support of numerous bilateral donor agencies is important for the implementation of national AIDS programmes in many developing countries. As the pandemic continues, WHO's partners will become increasingly important. The global AIDS strategy requires the involvement of agencies and organizations working in many sectors, not only health, if the pandemic's impact on development in general is to be lessened, if not reversed.

66. The WHO/UNDP alliance to combat AIDS continues to coordinate support for national AIDS control and prevention programmes from all external partners, including those in the United Nations system, and to organize resource mobilization activities in collaboration with Governments. Under the auspices of the alliance, UNDP has been involved in assisting the integration of national AIDS plans with overall developmental policies and priorities at the country level, in supporting programme development and delivery, and in helping Governments to minimize the impact of HIV/AIDS on social and economic development. Approximately $30 million have now been committed largely through the WHO Trust Fund for the Global Programme on AIDS (WHO/GPA) to support national HIV/AIDS prevention and control programmes. UNDP also continues to provide support for the Global Blood Safety Initiative.

67. In response to a request from its Governing Council, UNDP has initiated a project to strengthen its capacity to assist Governments to respond to the pandemic; increase the understanding of the pandemic's development implications; investigate and develop mechanisms to provide prevention, care and support programmes for women; and develop a proposal for multi-donor funding to increase national capacity to forecast and plan for the longer-term

social and economic impact of the pandemic. The project will train staff from UNDP external support agencies and Governments in these aspects of HIV/AIDS programming; commission papers or other writings on the future dimensions of the pandemic and on ways in which the development community can best assist; and prepare a handbook and/or materials for UNDP field offices on UNDP's and WHO's HIV-related policies, with case studies of HIV-related programmes, particularly in developing countries. WHO will provide technical assistance for the realization of this project.

68. UNDP is consulting with a wide range of partners including WHO to determine how best to support countries in policy formulation and programme development and delivery linked to the socio-economic impact of HIV/AIDS. The Regional Bureau for Africa has set in motion an action programme which includes consultations with Ministers of Planning in Africa on the magnitude of the problem, support to Governments in elaborating HIV/AIDS programmes in development-related sectors, and the establishment of national HIV/AIDS commissions at the highest government level. In Uganda the National AIDS Commission has been established in the office of the Prime Minister and UNDP has joined other partners, including WHO and the World Bank, to support the Government in the formulation of a national multisectoral strategy to combat HIV/AIDS.

69. WHO staff participated in a meeting held at UNICEF headquarters in New York in April 1990 to review and evaluate past UNICEF AIDS programming experience and to discuss new AIDS programming needs and opportunities for the 1990s, including services for AIDS orphans and preventive education for street children. This meeting was attended by UNICEF representatives and staff from 13 UNICEF country offices, from 3 regional offices and from its headquarters. WHO has intensified its efforts to provide forecasts of the numbers of cases of HIV infection and AIDS in infants and women for use in UNICEF programme planning of services for these groups.

70. UNICEF and WHO are collaborating closely in studying the pandemic's impact on children of HIV-infected parents and have prepared a strategy paper summarizing the state of knowledge and expected needs. Discussions have led to the setting up of an informal UNICEF/WHO advisory group which will work towards a joint strategy for promoting an effective community response to the care and support of children orphaned or made vulnerable as a result of AIDS. A document on "Women, children and AIDS" was prepared jointly by UNICEF and WHO for an intersecretariat meeting held in Geneva in November 1990 in preparation for the meeting of the UNICEF/WHO Joint Committee on Health Policy in January 1991. The document describes the special challenge to UNICEF and WHO that the prevention and control of AIDS in women and children presents and identifies opportunities for the two organizations to collaborate and to carry out complementary activities.

71. WHO and UNESCO are collaborating in the establishment of an international network of AIDS health promotion resource centres. WHO supports the AIDS School Education Resource Centre located at UNESCO headquarters in Paris. The

Centre has produced a focused bibliography catalogue and methodological analysis of the AIDS education materials in the collection. The catalogue has been published as a special issue of the Bulletin of the International Bureau of Education, and is addressed particularly to students, teachers and parents. WHO has also provided support to UNESCO's Principal Regional Office for Asia and the Pacific in Bangkok so that it can serve as an AIDS health promotion resource centre for this region and play an active role within the international network. WHO and UNESCO jointly organized a regional consultation seminar on school education for the prevention of AIDS in Asia and the Pacific, in Thailand in February 1990. It was the first occasion for high-level officials from ministries of health and education to meet and discuss their regional and national strategies in this field.

72. Collaboration between UNFPA and WHO has resulted in the production of two technical/managerial documents and a prototype information booklet for MCH/FP service-providers (see para. 51). WHO is also collaborating with UNFPA in the preparation of a UNFPA information paper on HIV/AIDS for the 1991 session of the UNDP Governing Council.

73. Further collaboration between WHO and UNFPA, for technical cooperation in programme/project development, has taken place in a number of countries and is expected to increase in the future. UNFPA headquarters staff in New York, and UNFPA country directors were briefed by WHO at their regional meetings in Asia and Africa. These meetings were also used as an opportunity to plan country-level technical cooperation missions for supporting the inclusion of AIDS-prevention activities in MCH/FP programmes. All these activities are facilitated by the continuing secondment of an UNFPA staff member to GPA.

74. The World Bank is collaborating with WHO in studies on the likely effectiveness and cost of interventions for prevention of HIV transmission and for provision of care for HIV infection and AIDS, in support of district-level planning in the United Republic of Tanzania. This joint activity involves a number of collaborators from the World Bank and several WHO programmes. WHO is providing statistical and analytical support to a World Bank-supported project in Uganda to assess the impact of HIV/AIDS on various sectors.

75. The World Bank has provided financial support for collaborative research activities involved GPA, the Sexually Transmitted Diseases Programme, the Special Programme for Research and Training in Tropical Diseases and the Special Programme of Research, Development and Research Training in Human Reproduction. Joint work with the Sexually Transmitted Disease Programme was started in Senegal and Uganda to develop a methodology for rapid assessment of these diseases on the basis of simple laboratory tests, selected clinical signs and recent history of signs and symptoms. It is anticipated that this methodology will be useful for evaluation of the effectiveness of AIDS programmes.

76. In April 1990 WHO provided technical and financial support for the World Consultation on Education for AIDS Prevention, which took place at UNESCO headquarters in Paris. WHO co-sponsored this meeting together with ILO,

UNESCO and four international teachers' organizations: the International Federation of Free Teachers' Unions, the World Confederation of Organizations of the Teaching Profession, the World Confederation of Teachers, and the World Federation of Teachers' Unions. The aim of the meeting was to mobilize teachers' organizations world wide to provide support for education projects within their countries and to motivate national AIDS committees to involve the organizations in their work. The consensus statement on HIV and schools prepared at a meeting of these organizations in 1989 was endorsed by the consultation.

77. WHO and the Crime Prevention and Criminal Justice Branch of the United Nations Centre for Social Development and Humanitarian Affairs, Vienna, jointly prepared a report on HIV/AIDS in prison, which was presented at the Eighth United Nations Congress on the Prevention of Crime and the Treatment of Offenders, held in Cuba, in August/September 1990: the report is being published by WHO.

78. A study on the availability of clean needles and syringes is being carried out with the International Narcotics Control Board with the aim of assisting countries in determining how the legal environment influences needle-sharing and HIV transmission.

B. Activities carried out individually by organizations and specialized agencies of the United Nations system

79. The following paragraphs are based on contributions from the organizations which are carrying out the activities.

80. The Department of International Economic and Social Affairs of the United Nations Secretariat finalized a proposal on "The socio-economic impact of AIDS in developing countries: a sectoral approach" which is expected to be implemented in 1991. The purpose of the analysis is to carry out, using a case-study approach, a quantitative assessment of the potential socio-economic impact on HIV/AIDS on key economic sectors (particularly the export sector) and informal sectors in developing countries in a specific geographic region. Particular attention will be given to work-force requirements to estimate sector-specific losses in productivity due to AIDS-related illnesses and to derived impact on family incomes and structures. The analysis will produce pertinent information on the probable impact of the disease on the countries' main economic sectors and the resulting implications for the national economy and social sectors of these countries. This would provide national and international policy-makers with the lead-time required to consider appropriate policy responses in line with their particular needs and goals. Three case studies will be undertaken in eastern and central African countries. The derived information will be provided to policy-makers who will be brought together in a regional or subregional setting to discuss the resulting policy implications and intervention strategies.

81. The United Nations University (UNU) has collaborated with WHO in developing guidelines for HIV/AIDS rapid assessment procedures (RAP) using anthropological approaches for studying AIDS-related beliefs, attitudes and behaviours. These procedures were adapted from the original version developed with the support of UNICEF to assess nutrition and primary health care. A workshop on the use of RAP methodology for AIDS research was organized in Nairobi, from 17 to 21 September 1990. An international conference on RAP for planning and evaluation of health-related programmes was held at the headquarters of the Pan American Health Organization (PAHO) in Washington, D.C. from 12 to 15 November 1990. A special session was devoted to the application of RAP methodologies for AIDS research and related behaviours.

82. To mark World AIDS Day 1990, the Department of Public Information of the United Nations Secretariat co-sponsored an event in collaboration with WHO at United Nations Headquarters and produced a feature article on "Women and AIDS" in the United Nations Focus series. A similar one-day event is planned for World AIDS Day 1991.

83. The Economic Commission for Latin America and the Caribbean (ECLAC) observed World AIDS Day through the organization of a symposium on "AIDS and the woman" in collaboration with the Chilean Ministry for Women's Affairs, the Chilean AIDS Commission of the National Health Service and PAHO/WHO.

84. The Special Rapporteur of the Subcommission on Prevention of Discrimination and Protection of Minorities, appointed to undertake a study on discrimination against HIV-infected people or people with AIDS, presented his preliminary report (E/CN.4/Sub.2/1990/9) in August 1990. The report focuses on HIV/AIDS-related discrimination, non-discrimination in the context of HIV/AIDS, the restriction of human rights on public health grounds, and HIV/AIDS control measures affecting the exercise of human rights (see para. 36).

85. AIDS raises serious questions of discrimination and in 1990 the Commission on Human Rights laid down some general principles with regard to discrimination and health. The Commission reaffirmed the right of everyone to the enjoyment of the highest attainable standard of physical and mental health and it recalled that all human rights must apply to all patients without exception and that non-discrimination in the field of health should apply to all people and in all circumstances. The Commission also recognized the importance of the principle of non-discrimination concerning access to health care and encouraged WHO to continue its action in that respect.

86. After exploring some of the links between the status of women and the AIDS pandemic, the Division for the Advancement of Women of the United Nations Office at Vienna took up the question of inequality and its relevance. This was found to be a very promising field since the processes giving rise to inequality between men and women could affect both the risk of infection of women and the burden resulting from the infection (whether their own or from

cases in the family). This approach was further explored at an expert meeting co-sponsored by WHO and held in Vienna from 24-28 September 1990. In order to translate the conceptual approaches into action which will be complementary to the action taken by WHO, the Division for the Advancement of Women will bring the issue of AIDS to the attention of the national institutions responsible for the advancement of women. A meeting of several such institutions from the Caribbean was held with WHO support in Jamaica in December 1990 to prepare a programme of action for these countries.

87. In 1990, the Youth Unit of the United Nations Office in Vienna collaborated with the non-governmental organization, World Assembly of Youth (WAY), to prepare a technical publication entitled "Youth and AIDS: Strategy for Information and Educational Programmes on AIDS". The publication will include a qualitative and quantitative description of the impact of AIDS on youth. It will underline the importance of adequate information and effective educational programmes for young people as a means of AIDS prevention and control. Relative strategies will be described in order that youth and youth organizations can review, adopt and apply them in a variety of settings and situations. The publication should be completed in 1991. The Youth Unit also regularly submits articles related to youth and AIDS to the Youth Information Bulletin and the IYY Follow-up Newsletter.

88. During 1990, UNICEF's major focus continued to be on AIDS prevention education. UNICEF supported the inclusion of AIDS prevention education in primary and secondary schools curricula in many countries by providing technical assistance for curriculum development, production of teaching materials and training teachers and administrative staff. Countries receiving this assistance included Burkina Faso, Burundi, Ethiopia, Malawi, Rwanda, Tanzania, Uganda and Zaire. In Uganda, Rwanda and other countries, UNICEF supported efforts to evaluate the effectiveness of school-based AIDS messages in raising the level of knowledge and assuring safer sexual behaviour. UNICEF also funded activities to educate out-of-school rural and urban youth. UNICEF-sponsored programmes in Haiti and other countries were targeted at street children, who are especially vulnerable to HIV infection.

89. Efforts to reach the general public included provision of training and materials for women's groups, political and religious groups, and others; translation of AIDS material into local languages; training journalists and other media personnel; participation in World AIDS Day activities; and supporting international health education consultations.

90. UNICEF country offices integrated AIDS-prevention components into ongoing projects, such as health-worker training, and into social mobilization channels including "Facts for Life".

91. To address the problems of families already affected by AIDS, UNICEF's experience in serving women and children in especially difficult circumstances (victims of war, dislocation, famine and other emergencies) was mobilized. In Uganda, for example, UNICEF supported AIDS orphans by (a) funding a consortium

of non-governmental organizations working with orphans; (b) increasing the managerial and technical capacity of national and local government to measure and monitor the orphan situation and assess needs; and (c) supporting operational research on the effectiveness of various models of long-term care for affected children. In Zaire, UNICEF worked with the Society for Women and AIDS in Africa to train and equip volunteers to provide social support to AIDS-affected families and educate family caretakers in the treatment of simple AIDS-related health problems. In Rwanda and other countries, UNICEF supported studies of the impact of AIDS on families and children, and the development of alternative models of support.

92. In all country-level efforts, building partnerships with non-governmental organizations is a priority for UNICEF.

93. Finally, at the global level, UNICEF continued to educate policy-makers, health workers and others about the impact of AIDS on women and children in developing countries through the publication of a pamphlet, "Children and AIDS: An Impending Calamity" and through supporting relevant conferences.

94. UNDP's areas of responsibility within the WHO/UNDP alliance to combat AIDS include: strengthening the capacity of Governments in the coordination of donor activities and in the mobilization of external resources; assisting in the development of a multisectoral response to the epidemic; and providing assistance to Governments in HIV-related national capacity-building, institutional strengthening and human resource development.

95. In recognition of the wider developmental dimension of the epidemic, the Governing Council has given UNDP specific mandates within the general context of social and economic development: to increase understanding of the potential development implications of the epidemic, to strengthen national capacity, to support community-based programmes and to assist prevention, care and treatment programmes for women.

96. Programme development missions with a focus on community-based groups have been undertaken in Malawi, Rwanda, Zambia and Thailand by the United Nations Volunteers programme. National programmes have been elaborated to strengthen community capacity to cope with the impact of the pandemic through the development of sustainable systems of support to families and communities, utilizing a multisectoral teamwork approach. Drawing on this experience, a programming strategy for the use of United Nations volunteers in response to the pandemic has been developed. The United Nations Capital Development Fund is supporting innovative community-based programmes in Rwanda and Uganda to minimize iatrogenic and occupational HIV transmission through unscreened blood.

97. Work has started on the preparation of an HIV/AIDS policies and programming handbook as a complement to a field-based training programme being designed for UNDP, United Nations agency and government counterpart personnel. The training programme includes an in-country orientation session for non-governmental organizations and community-based groups.

98. In recognition of the importance of HIV/AIDS for development the Administrator has appointed a senior UNDP staff member as policy adviser on HIV/AIDS and development. Within UNDP headquarters and in an increasing number of field offices, senior staff have been designated as focal points for HIV/AIDS. Special Programme Resources have also been earmarked to undertake HIV/AIDS programme activities.

99. As the growing threat of HIV/AIDS results in greater awareness and understanding of the development dimensions of the pandemic, policy directives on the development implications will be required to enhance UNDP's capacity to carry out its mandate effectively in collaboration with other partners in a coordinated manner. UNDP therefore intends to present to the Governing Council in June 1991 a policy paper on HIV/AIDS and development.

100. The World Food Programme (WFP) concentrates its assistance on communities and geographical areas that exhibit high prevalence rates of HIV/AIDS infection rather than providing assistance to infected individuals or households. In Tanzania, for example, food entitlements are targeted at households with high dependency ratios in Kagera, the region most affected by AIDS. Food aid has also been used to train 200 AIDS counsellors. In Uganda 30 per cent of the AIDS victims are in Rakai and Masaka districts. In this region 9,500 orphans, 3,000 foster families, 2,000 hospital patients and 1,800 AIDS counsellors and social workers will be assisted. In this case, not only food but other essential goods through monetized food aid will be provided. In Malawi food aid is used as an incentive to increase awareness of AIDS, to attract infected patients to specialized clinics; and to promote income-generating activities. In Zambia 700 hospitalized AIDS patients and over 1,000 patients receiving care at home are provided cooked meals. In the Dominican Republic, WFP assists five national non-governmental organizations which make effective use of the resources provided to assist AIDS victims and their households.

101. The Office of the United Nations High Commissioner for Refugees (UNHCR) participated in the seminar on migration medicine organized in February 1990 by the International Organization for Migration (IOM) and co-sponsored by WHO, which addressed, inter alia, the issues of AIS and refugee movements.

102. Health education material on counselling and information on national AIDS programmes provided by WHO were widely circulated to UNHCR field offices. In addition, the UNHCR working group on AIDS is reviewing the Office's general policy guidelines and will develop separate and more elaborate counselling guidelines for social workers and other staff who come into direct contact with HIV/AIDS among refugees.

103. The guidelines drafted jointly with IOM were issued on the management of HIV infection among Indochinese refugees in camps in Thailand, with emphasis on the confidentiality of screening results. UNHCR initiated an inter-agency consultation with WHO and IOM to develop guidelines for refugee/immigration policy for member States. The Office undertook waiver applications for refugees found to be HIV-infected. One refugee was granted a waiver by the United States of America.

104. During 1990, UNHCR developed an extensive dialogue with resettlement countries, countries of first asylum or countries of origin of refugees on the subject of mandatory HIV screening of refugees, urging them to abrogate screening requirements for refugees, or at least in the meantime to grant sympathetic waivers. Letters were sent to the Governments of the United States of America, Australia, Viet Nam.

105. UNHCR incorporated the provision of assistance for individual cases in its regular programmes to refugees, and within the framework of national AIDS control programmes. At present, integrated HIV/AIDS prevention activities form part of the primary health care programmes for refugees.

106. During 1990, UNFPA stepped up its efforts to combat the AIDS pandemic at the country level, under the policy of integrating AIDS elements into existing MCH/FP and Information, Education and Communication (IEC) programmes and projects. UNFPA supports such activities within the context of Governments' priorities and plans, particularly medium-term plans on AIDS, and the global strategy for the prevention and control of AIDS.

107. Given the absence of a cure for HIV infection, UNFPA continued to take a preventive approach in the area of AIDS. Within the IEC field, UNFPA facilitated the integration of AIDS elements into population education programmes of the formal school systems in the Congo, Gabon, Kenya, Malawi and Nigeria, as well as in most Caribbean countries. The Fund supported AIDS guidebooks for teachers' training in Guatemala, Trinidad and Tobago, and teacher training in Haiti. AIDS messages were included in activities aimed at young people in the Caribbean. Similarly, the media in Algeria, Anguilla, Gabon and Nigeria were mobilized to spread AIDS messages.

108. In the MCH/FP area, the Fund supported the integration of AIDS elements into the training of health workers in Ethiopia, Malawi, Nigeria, Uganda and Zimbabwe, and targeted AIDS-related IEC and training materials to health personnel in Afghanistan and Sri Lanka. A trend is emerging for an increasing number of developing countries to approach UNFPA for supplies of condoms, not only for contraception but also for AIDS prevention. In this manner, UNFPA assisted countries like Afghanistan, Ethiopia, Haiti, Jordan, Liberia, Nigeria and Zimbabwe.

109. During the year, in the area of research, the United Nations, with UNFPA's assistance, completed a project that is aimed at improving models and methodologies for the estimation of the demographic impact of AIDS at the country level. AIDS-related research was conducted in Gabon through a survey on STD/AIDS and sexual behaviour, in Liberia through a knowledge, attitude and practice study, and in Malawi and Rwanda through a study on the demographic impact of AIDS.

110. During 1990 FAO continued its work on the socio-economic impact of AIDS on the agricultural sector and on rural populations in Central Africa, building on the country case studies completed in 1989. The objectives are

three-fold: first, to refine the impact assessment methodology; secondly, to determine the nature and magnitude of the impact; and thirdly, to identify the policy options open to countries confronted with the problem and to donor countries wishing to assist such countries in launching appropriate responses.

111. FAO's preliminary findings were based on the analysis of comprehensive studies on the use of farm labour, that were undertaken for purposes unrelated to the HIV/AIDS pandemic, and on WHO's projections of the pandemic. Local level impact and responses that have recently been observed in the more seriously affected countries are confirming those findings. The specific nature of the impact varies according to the structure of the farm household, and particularly whether it is headed by a male or female. The tendency in both cases, however, is to switch away from labour-intensive crops. This has serious economic and nutritional consequences, because such crops are commonly cash crops or nutritionally more balanced food crops. It is too early to detect the full consequences but, given the magnitude of WHO's latest AIDS related mortality projections for certain central African countries, the food security and macroeconomic impact is likely to be substantial.

112. FAO is hoping to gain the agreement of countries to continue this work in collaboration with their policy planning services.

113. The World Bank has ongoing projects in Brazil, Burundi, Guinea, Guinea-Bissau, Haiti, Lesotho, Morocco, Niger, Nigeria, Uganda and Zaire which support blood screening for HIV infection. Projects in Benin, Brazil, Burundi, Haiti, Morocco, Nigeria, Uganda, Zaire and Zimbabwe are strengthening IEC activities. AIDS education through family planning programmes, including condom distribution, is being supported by projects in Benin, Guinea, Nigeria and Zaire. Projects in Benin, Brazil, Burundi, Haiti, Lesotho and Morocco are supporting health-worker training to reduce HIV transmission. Treatment of STDs, including the provision of drugs for this purpose, is being strengthened through projects in Benin, Burundi, Guinea-Bissau, Lesotho and Morocco. Epidemiological and other research activities are included as part of projects in Brazil, Burundi, Haiti, Indonesia, Lesotho, Morocco and Zaire. Projects in Lesotho, Uganda and Zaire are strengthening counselling and patient management for persons with AIDS and their families.

114. The Cameroon Social Dimensions of Adjustment/Human Resources Project, which was approved by the World Bank in 1990, contains an AIDS component supporting IEC and institution-building activities, and includes provision of syringes and sterilization kits to all health facilities to reduce HIV transmission.

115. The World Bank has financed a number of research activities which can be categorized as "non-project" work on AIDS. One such activity which has progressed during 1990 is the Tanzania AIDS Sector Assessment being undertaken by the Bank's Southern Africa Country Department. The aim is to assess the importance of preventing HIV infection in relation to other health and development activities by estimating the cost and probable effectiveness of

alternative interventions to prevent the spread or mitigate the impact of the disease. The findings of the study will be incorporated into two health projects in Tanzania which include important components for strengthening health-care delivery at the district level. Another is the Uganda Economic Impact of AIDS Sector Study, being undertaken by the Bank's Eastern Africa Country Department which will attempt to describe the channels through which AIDS may affect key sectors of the economy, and, where possible, to quantify these effects.

116. The Health Sector Priorities Review (draft completed during 1990) managed by the Bank's Population and Human Resources Department includes a chapter on AIDS and other STDs. This chapter examines the case for assigning a high priority to the prevention of the spread of STDs, including HIV.

117. The Research Project on the Economic Impact of Adult Mortality from AIDS and Other Causes is a three-year study that began during 1990 in the Kagera region of Tanzania. A longitudinal household survey will collect data on a sample of households as they cope with the fatal illness of one of its members. The data will be used to examine the impact of adult mortality (principally from AIDS) on productivity and on survivor well-being and to measure the full economic benefit derived from averting a case of HIV infection.